

CLAIMS

1. A surgical implant, comprising:

5           a device body having a head-end and a tail-end, and overall with a relatively narrow width, and a relatively taller height for insertion between adjacent upper and lower vertebrae;

10          an indent in said tail end providing for a secure gripping of the device body with a tool during surgical implantation;

15          a set of intersecting and symmetrical planar surfaces enveloping the device body and providing for simplified machining compared to compound radius surfacing;

20          a taper between said head and tail ends comprising two opposing ones of said set of intersecting and symmetrical planar surfaces and providing for a relative front-back tilt between said adjacent upper and lower vertebrae; and

25          a textured surface disposed on said two opposing ones of said set of intersecting and symmetrical planar surfaces.

25          2. The implant of claim 1, wherein:

the device body is about 6-9 millimeters in width, 10-16 millimeters in height, and about 22 millimeters long.

30          3. The implant of claim 1, wherein:

the indent is a hole that fits and matches a corresponding tooth in said tool.

4. The implant of claim 1, wherein:

35          the set of intersecting and symmetrical planar surfaces are configured to minimize manufacturing costs.

5. The implant of claim 1, wherein:

the taper is oriented posteriorly in a patient and provides for easier packing of cancellous bone grafts and around and between a pair of implants.

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6. The implant of claim 1, wherein:

the taper allows said tool to be used for an incision only large enough to accommodate the largest cross section of the device body.

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7. A method for surgically implanting a prosthetic in a human spine to promote bone fusion of two adjacent vertebrae, comprising:

a flap technique incision of an annulus fibrosis corresponding to an affected area of a spine;  
removing a diseased or deteriorated disc;  
inserting two surgical implants through the incisions in the annulus fibrosis; and  
packing bone grafts and between and lateral to  
said surgical implants;

wherein, permanent bone growth and fusion between inferior and superior vertebrae then occur naturally after surgery.

25 8. The method of claim 7, further comprising:

closing said incision in the annulus fibrosis after the step of packing bone grafts.